

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519336

APPLICANT(S)

FILING DATE

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52				/		
3		2					53				/		
4		0					54				/		
5		0					55				/		
6	/						56				/		
7		1					57				/		
8	/						58				/		
9		0					59				/		
10		0					60				/		
11		0					61				/		
12	/						62				/		
13	/		/				63				/		
14		1		/			64						
15		2		/			65						
16		0		/			66						
17		0		/			67						
18	/						68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23	/						73						
24		1					74						
25		7					75						
26		7					76						
27	/						77						
28		1					78						
29		1					79						
30		3					80						
31		0					81						
32		0					82						
33	/						83						
34		1					84						
35		2					85						
36		2					86						
37		2					87						
38		2					88						
39		0					89						
40		0					90						
41	/						91						
42		1					92						
43			/				93						
44				/			94						
45				/			95						
46			/				96						
47				/			97						
48				/			98						
49				/			99						
50			/				100						
TOTAL IND.	11	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	51	←	21	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	62		25				TOTAL CLAIMS						